



Virginia Workers' Compensation Commission

1000 DMV Drive
Richmond, Va 23220

**REJECTION OF COVERAGE UNDER
THE VIRGINIA WORKERS' COMPENSATION ACT**

EMPLOYER INFORMATION

_____	<input type="checkbox"/> Corporation
Corporate/L.L.C. Name	
_____	OR
_____	<input type="checkbox"/> L.L.C.
Street Address	(Check One)
_____	_____
City State Zip Code	Federal Identification Number

	Va. State Corporation Number

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OFFICER/MANAGER REJECTING COVERAGE

_____	_____
Name (Last, First and Middle Initial)	Social Security Number
_____	_____
Street Address	Date of Hire (Month/Day/Year)
_____	_____
City State Zip Code	Are you paid a salary or wages on a regular basis at an agreed upon amount? <input type="checkbox"/> Yes <input type="checkbox"/> No (Corporate Officers Only)

Title of Officer (Manager, if applicable)	

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Current Coverage Information

_____	_____	_____ to _____
Name of Insurance Carrier or Self-Insured Group	Policy Number	Policy Period

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Pursuant to the provisions of §65.2-300 of the Virginia Workers' Compensation Act, the undersigned hereby rejects the right to claim workers' compensation benefits for injuries by accident.

_____	_____
Signature of Officer/Member	Date
_____	_____
Signature of Employer (By)	Date
_____	_____
Witness	Date

A copy of this notice must be handed to the employer or sent by registered mail. An additional copy must be filed with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220.

INSTRUCTIONS
Rejection of Coverage
VWC Form 16A

File a single copy of this form with the Virginia Workers' Compensation Commission.

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THIS FORM.

1. Fill out this form whenever an officer of a corporation or a manager of an L.L.C. elects to reject coverage for an accident under the Virginia Workers' Compensation Act.
2. The name of the corporation/L.L.C. should be the same as the Charter by which the corporation or L.L.C. is licensed. Use the mailing address used by the corporation or L.L.C. to receive mail by the U.S. Postal Service.
3. Identify the entity by checking corporation or L.L.C. Provide the employer's Federal Identification Number and the State Corporation Commission Number, if applicable.
4. Provide all requested information for the officer/manager rejecting coverage. Officers of a corporation must check "Yes" or "No" to the questions regarding salary or wages.
5. Provide current workers' compensation insurance coverage information. Do not use such terms as "To Be Assigned," "Pending" or "Unknown."
6. Signatures of the employer, officer/manager and the witness are required.

REJECTION OF COVERAGE BY AN OFFICER OR MANAGER IS CONTINUOUS UNLESS ENDED BY FILING A TERMINATION OF PRIOR REJECTION OF COVERAGE (VWC FORM 17A).

Additional copies of this form are available without cost by writing to the Commission. Address requests to: "Forms," Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, Virginia 23220